

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 7

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City	State	Zip Code
LOUISVILLE	KY	40201

FEC ID number of contributing
federal political committee.**C** C00193342

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	8

Transaction ID: SA16.6959

Amount of Each Receipt this Period

1000.00

refund of contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00